SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 31 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 438313 (9)A 5. INC. Principal Place of Business Mailing Address 2901 HWY 31 S PO BOX 2220 ARCADIA FL 34265 ARCADIA FL 34265 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1973 08/07/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 59-1504027 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VARNER, JAMES S **505 LITTLE LAKE COURT** 82 Streel Address (P.O. Box Number is Not Acceptable) **WENTER HAVEN FL 33880** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE ited name of registered agent and title if applicab (NOTE: Bogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 THUE varner, edward o. 1.2 NAME NAME PO BOX 2220 N/A STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 HILE NAME varner, Phillip E. **2.2 NAME** PO BOX 2220 N/A STREET ADDRESS 2.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 2.4 CHY-SI-ZIP DELETE Change Addition 3.1 111LE TITLE ST varner, david o. NAME 3.2 NAME STREET ADDRESS PO BOX 2220 N/A 3.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 1171.6 Change Addition NAME varner, steven e. 4. 2 NAMI STREET ADDRESS 30505 TURTLE DOVE LANE 4.3 STREET ADDRESS <u>Punta gorda fl</u> CITY-ST-ZIP 4.4 City-St-ZiP DELE1E TATLE 5.1 TITLE Change ___ Addition VARNER, IRIS NAME 5.2 NAME STREET ADDRESS PO BOX 2220 N/A 5.3 STREET ADDRESS CITY - ST-ZIP <u>arcadia fl</u> 5.4 CITY- \$1 - 7IP DELETE Change Addition TITLE 61 DILE NAME VARNER, JAMES S. 6.2 NAME STREET ADDRESS 505 LITTLE LAKE COURT 6.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 6.4 CHY-S1-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or \$\mathbf{q}\$ an attachment with an address.

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